

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90137 039 ***150.00

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1. Entity Name

PARKER CONSULTING GROUP, INC.



Principal Place of Business

1935 NE 119TH RD.

N. MIAMI FL 33181

Mailing Address

1935 NE 119TH RD.

N. MIAMI FL 33181

33002113



2. Principal Place of Business

1498 NE 2ND AVE

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

Zip

33132

Country

MIAMI-DASH

3. Mailing Address

C/O DASH 1498 NE 2ND AVE

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

Zip

33132

Country

MIAMI-DASH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0937767

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, ERIC J

1935 NE 119TH RD.

N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

C/O DASH

1498 N.E. 2ND AVE, SUITE 200

City **MIAMI, FL**

Zip Code

33132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **PARKER, ERIC J**
STREET ADDRESS **1935 NE 119TH RD.**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **C/O DASH, 1498 N.E. 2ND AVE, S-200**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

Date

Daytime Phone #

CR2E034 (10/02)